

City of Columbia Parks and Recreation

Adult Sport Registration Form



Please check the sport that your team is interested in participating. Cost: \$300 per team

☐ Winter Basketball
☐ Summer Basketball
☐ Fall Men's Softball
☐ Spring Men's Softball
☐ Fall Coed Softball
☐ Spring Coed Softball
☐ Coed Law League Softball

☐ Fall Coed Kickball
☐ Spring Coed Kickball
☐ Fall Men's Kickball
☐ Spring Men's Kickball
☐ Men's Flag Football
☐ Coed Volleyball

DIVISION CHOICE: _____

IMPORTANT: APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROPER FEE, REQUESTED INFORMATION AND COACHES SIGNATURE.

COACHES NAME: _____

Address: _____ City, State, Zip: _____

Home # _____ Cell # _____ Email: _____

ASST COACHES NAME: _____

Address: _____ City, State, Zip: _____

Home # _____ Cell # _____ Email: _____

Coaches Condunt Agreement:

I, _____ as coach/team representative of _____
in the City of Columbia Parks & Recreation Department Adult League, understand the
zero tolerance policy. No alcohol consumption on park grounds, arguing with officials,
profanity or figthing will be tolerated from anyone associated with the team before, during or after
games. The penalties for such actions will range from suspensions to expulsion from the
league without a refund. I accept with my signature below the responsibility
of informing my team of this policy and abiding by it.

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For office use only:

Coaches Signature

Date

Reciept #

Date